

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20940**
Registrar's No. **2557**

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
on Way to General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **40 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **2540 Cleveland ave. Kansas City**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **21** year **1940**
hour _____ minute **3:15** P. M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that he/she was alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death **acute cardiac dilatation**
Due to **hypertensive occlusion of left coronary**
Due to **hypertensive arteritis**
Other conditions (Include pregnancy within 3 months of death) **34**

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy **hypertensive arteritis - incomplete occlusion of left coronary**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (City or town) (County) (State) injury **5**
23. Signature **M. M. Crowe** (M. D. or other)
Address _____ Date signed _____

3. (a) PRINT FULL NAME **Elmus Ray Everly** **164**
3. (b) If veteran, name war No. _____ 3. (c) Social Security No. **496-01-3139**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Wife Mrs. Minnie Everly** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **June 9th 1879**
(Month) (Day) (Year)

8. AGE: Years **61** Months **0** Days **12** If less than one day _____ hr. _____ min.

9. Birthplace **Unknown W. Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business **Mr. Ed Harbolt, Contractor**

MOTHER FATHER { 12. Name **Simon Everly**
13. Birthplace **W. Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Rebecca Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Minnie Everly**
(b) Address **2540 Cleveland ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 24-1940**
(Month) (Day) (Year)
(c) Place: burial or cremation **Slater City Cemetary**

18. (a) Signature of funeral director **Mrs. C. L. Forster**
(b) Address **918 Brooklyn Kansas City Mo.**

19. (a) **June 24, 1940** (Date received local registrar) **M. M. Crowe** (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Donald C. Browning

Licensed Embalmer No. *2724*

P. O. Address *H. C. mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.